



**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440**

**CONSENT FORM**

I authorize the Professional Licensing Boards Division (“Division”) to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Division, their authorized representatives, or any other persons deemed necessary by the Division in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

\_\_\_\_\_  
Applicant’s Full Name (Printed)

\_\_\_\_\_  
Physical Address (P.O. Boxes **NOT** Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Place of Birth (City/State): \_\_\_\_\_

Aliases or Maiden Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date